Appendix F– 603-05-DD

Situations for which expert consultation for HIV postexposure prophylaxis is advised

- Delayed (i.e., later than 24-36 hrs.) exposure report
  - the interval after which there is no benefit from postexposure prophylaxis (PEP) is undefined

- Unknown source (i.e., needle in sharps disposal container or laundry)
  - decide use of PEP on a case by case basis
  - consider the severity of the exposure and the epidemiologic likelihood of HIV exposure
  - do not test needles or other sharp instruments for HIV

- Known or suspected pregnancy in the exposed person
  - does not preclude the use of optimal PEP regimes
  - do not deny PEP solely on the basis of pregnancy

- Resistance of the source virus to antiretroviral agents
  - influence of drug resistance on transmission risk is unknown
  - selection of drugs to which the source person's virus is unlikely to be resistant is recommended, if the source person's virus is known or suspected to be resistant to ≥1 of the drugs considered for the PEP regimen
  - resistance testing of the source person's virus at the time of the exposure is not recommended

- Toxicity of the initial PEP regimen
  - adverse symptoms, such as nausea and diarrhea are common with PEP
  - symptoms often can be managed without changing the PEP regimen by prescribing antimotility and /or antiemetic agents
  - modification of dose intervals (i.e., administering a lower dose of drug more frequently throughout the day, as recommended by the manufacturer), in other situations might help alleviate symptoms